

## **Asthma Awareness Month**

## **Event Listing Form**

To list yo	our Asthma /	Awareness M	onth events o	on the Envir	onmental P	rotection A	Agency's	Asthma \	Web site a	t <u>www.e</u>	pa.gov/
<u>asthma</u> ,	please comp	olete the form	n below and r	eturn it to:							

E-Mail: WAD@cadmusgroup.com

Fax: 703-247-6032 Attn: Cheryl Kochem

You can also enter information about your Asthma Awareness Month events at <a href="www.cadmusonline.net/asthmaevents">www.cadmusonline.net/asthmaevents</a>.

Use one form per event.

SPONSORING ORGANIZATION									
ADDRESS									
		_ ZIP							
PHONE	FAX	E-MAIL							
NAME OF EVENT									
DATE & TIME OF EVENT									
LOCATION OF EVENT									
EVENT WEB SITE									
STREET ADDRESS									
CITY	_STATE	_ ZIP							
NAME AND TELEPHONE OF PERSON TO CALL FOR MORE INFORMATION									
Brief description of the event:									
What materials did you find most useful in planning your asthma education event?									
What additional materials or assistance would help you sponsor asthma events in the future?									
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